KAISER PERMANENTE®

NEW FORM REQUIREMENT—GROUP SIZE ATTESTATION

A new form has been included in your renewal packet: **Group Size Attestation**

Why am I receiving this form?

Kaiser Permanente of Georgia requires confirmation that your company meets the definition of a large or small group for purchasing health care coverage. This information is also used to calculate and report Medical Loss Ratios (MLR) under governing regulations 45 CFR 158.120(a) and 158.103.

What action do I need to take?

Please complete the Group Size Attestation form and return it **no later than 30 days prior to your renewal date.** Submit the completed form to the Kaiser Permanente Small Business Unit via email or fax:

- Email: GA-SG-UNIT@nsmtp.kp.org
- Fax: 404-365-4146
- Mail to: Kaiser Permanente, Nine Piedmont Center, 3495 Piedmont Rd NE, Atlanta GA 30305, ATTN Small Group Underwriting

What if my business has grown?

To qualify for new small group coverage, an employer must have an average of at least two but no more than 50 eligible employees on business days during the immediately preceding calendar year.

Employers that have grown and now qualify for large group coverage may remain in the same small group plan and can be automatically renewed if their current plan is retained with no changes.

Important: The Group Size Attestation form must be submitted no later than 30 days prior to your renewal date.

You can complete the Group Size Attestation Form and return it with your Selection Form and other required renewal paperwork.

Questions?

Please contact the Kaiser Permanente Small Business Unit at **404-364-4895.**

Refer to **healthcare.gov/shop-calculators-fte** or your own legal counsel for instructions on how to accurately calculate the number of employees required on the form.

GROUP SIZE ATTESTATION

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Company Name		Customer ID
Office Phone	Ext.	Email

GROUP SIZE ATTESTATION

I attest that the company identified above ("Company") meets the definition of either small group or large group under applicable law as indicated below. I further attest that to the extent "Company" is made up of two or more entities that are "commonly owned" as defined under applicable federal law, "Company" meets the definition checked below.

☐ Small Employer OR ☐ Large Employer

I further attest that the numbers below are accurate for the previous calendar year:

_____ Total number of full time **and** full-time equivalent employees counted in compliance with the Affordable Care Act (26 U.S.C. sec. **4980h** (c) (2) (E)) and any applicable state law for purposes of determining the group size checked above

_____ Total number of employees on payroll (full time and part time, regardless of eligibility) for all entities

_____ Total number of employees on payroll that are eligible under the Summary Plan Description and in accordance with applicable state and federal law for the group coverage that you are purchasing

Please refer to healthcare.gov (for the first calculation) or your legal counsel for information on calculating the above totals.

RELATED ENTITIES ATTESTATION (Request to combine related entities for this coverage)

Indicate below whether or not you are requesting to combine related entities for this coverage.

☐ No, I am covering only one legal entity under this coverage (if you are only covering one legal entity, please leave the table below blank).

☐ Yes, I request to cover more than one legal entity under this coverage. I have listed the entities that would be covered under this policy and I attest that all the entities listed meet the legal requirements to be treated as a single employer under subsections (b), (c), (m) and (o) of Section 414 of the Internal Revenue Code. **Please complete the table below.**

Business Name	**Employer Identification Number**

SIGNATURE

By signing this form, I acknowledge that this attestation may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so. I affirm that I have authority to contract with **Kaiser Foundation Health Plan of Georgia** and **Kaiser Permanente Insurance Co.**

Authorized Company Signer Name (please print)	Title (please print)
Signature **X**	Date

  Nine Piedmont Center • 3495 Piedmont Road, NE • Atlanta, GA 30305 • 404-364-7000